



Complete Summary

TITLE

Hypertension: percent of eligible patients with an active diagnosis of hypertension whose most recent blood pressure (BP) reading was BP greater than or equal to 160/100 or not recorded (NEXUS clinics cohort).

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Brief Abstract

DESCRIPTION

This measure assesses the percent of eligible patients with an active diagnosis of hypertension whose most recent blood pressure (BP) recording was greater than or equal to 160/100 or not recorded.

RATIONALE

High blood pressure affects about 50 million Americans and 1 billion people worldwide. According to recent estimates, one in four U.S. adults has high blood pressure, but because there are no symptoms, nearly one-third of these people don't know they have it. This is why high blood pressure is often called the "silent killer." Uncontrolled high blood pressure can lead to stroke, heart attack, heart failure, or kidney failure. The only way to tell if you have high blood pressure is to have your blood pressure checked.

The National High Blood Pressure Education Program Coordinating Committee recently issued the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC VII). According to the report, new recommendations for tighter control of high blood pressure may drastically reduce the number of individuals who die each year from hypertension-related illnesses. The report further states that the relationship between blood pressure and risk of cardiovascular disease events is continuous, consistent, and independent of other risk factors. The higher the blood pressure becomes, the greater the chance of heart attack, heart failure, stroke, and kidney disease. The guidelines highlight 4 basic strategies: pay attention to blood pressure before it is high; in people over age 50, systolic pressure is more important than diastolic; two (or more) drugs are better than one for most

patients; and build trusting clinician/patient relationships that motivate patients to be healthy.

PRIMARY CLINICAL COMPONENT

Hypertension; poor control (blood pressure [BP] greater than or equal to 160/100 mm Hg or not recorded)

DENOMINATOR DESCRIPTION

Eligible patients from the NEXUS Clinics cohort with a diagnosis of hypertension sampled (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of patients from the denominator whose most recent blood pressure (BP) recording was either systolic or diastolic values greater than or equal to 160/100 or NO BP was recorded in the past year (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Outcome

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Eligible patients from the NEXUS Clinics cohort*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Eligible patients from the NEXUS Clinics cohort with a diagnosis of hypertension sampled*

*Note:

Eligible Hypertension Patient: Meets NEXUS Clinics cohort selection criteria (refer to the original measure documentation for patient cohort description and sampling size strategy) AND primary or secondary diagnosis of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code 401.0 (malignant hypertension), 401.1 (benign hypertension), or 401.9 (unspecified). A Medical Doctor/Doctor of Osteopathy (MD/DO), Physician Assistant (PA), or Nurse Practitioner (NP) must record hypertension as the patient's diagnosis. A diagnosis of 'borderline hypertension' is hypertension IF it is coded as hypertension and is being treated as hypertension, by recommended weight loss and/or recommended increase in physical activity, and/or prescription for medication such as a diuretic, beta-blocker, angiotensin-converting enzyme (ACE) inhibitor, angiotensin receptor blocker (ARB), or calcium channel blocker.

Active Diagnosis: The condition was ever diagnosed and there is not subsequent statement prior to the most recent outpatient visit, indicating the condition was resolved or is inactive.

Exclusions

The ICD-9-CM codes above do not include pulmonary hypertension, that involves vessels of the brain and eye, or elevated blood pressure (BP).

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator whose most recent blood pressure (BP) recording was either systolic or diastolic values greater than or equal to 160/100 or NO BP was recorded in the past year*

*Most recent visit to one of the NEXUS Clinics AND seen by a Medical Doctor/Doctor of Osteopathy (MD/DO), Nurse Practitioner (NP), or Physician Assistant (PA), unless being seen for BP check only. If BP is taken more than once during that visit, lowest one is used. Lowest is determined by mean arterial pressure: (systolic + diastolic + diastolic) divided by 3.

Note: If no BP was recorded during the past year, the result is assumed to be in poor control.

Exclusions

Patient self-report of BP is not accepted.

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2005 targets for hypertension - blood pressure (BP) greater than or equal to 160/100 or not recorded (NEXUS Clinics):

- Facility Floor: 13%
- Meets Target: 7%
- Exceeds Target: 5%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Hypertension (HTN): Dx HTN - blood pressure poor control.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Cardiovascular](#)

MEASURE SUBSET NAME

[Hypertension](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Nov

REVISION DATE

2005 Mar

MEASURE STATUS

This is the current release of the measure.

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. CPG-hypertension (HTN greater than or equal to 160/100 [lower score is better]). Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

MEASURE AVAILABILITY

The individual measure, "Hypertension (HTN): Dx HTN - Blood Pressure Poor Control," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

This NQMC summary was completed by ECRI on September 27, 2002. The information was verified by the Veterans Health Administration on October 29, 2002. This NQMC summary was updated by ECRI on December 7, 2004. The information was verified by the measure developer on December 10, 2004.

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